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(Req	juestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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11/22/21--01021--029 \*\*25.00

12-14-21 -TAS

## **COVER LETTER**

Tallahassee. FL 32314

TO: Registration Solivision of Co.			*
SUBJECT:	RYPA DE	05 1/6	
SUBJECT.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	to the following:	
	David Du	Name of Person	
	FINS SEAF	Firm/Company	RAR
	3422 Del	Prado Blul Address	
	CAPE Cora	LFC 33900 City/State and Zip Code	-1
	David @ Fins E-mail address: (t	dwebar Cum o be used for future annual report no	
For further information of	concerning this matter, please ca	II:	
David D	of Person	at ( <u>239</u> ) <b>5</b> 3 Area Code Days	39 - 0569 ime Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<del></del>	Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	ΝĊ		
(Name of the Limited Liability Compan (A Florida Limited L	i <mark>y as it now appear</mark> iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number 421000480970	were filed on	11/8/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, .	
(Principal office address MUST BE A STREET ADDRESS)			2021
Enter new mailing address, if applicable:	3422	De Prado	Blucks
(Mailing address MAY BE A POST OFFICE BOX)	Cupe	Coral Fl	33904
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the na</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:		<del> </del>	
	Enter Florida street address		
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i>y</i>		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of rovided for in C	my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is
If Chang	ging Registered Ag	ent, Signature of New R	egistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Cape wal, FC 33 99	Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the		ng or more than 90 day		
ocument's effective date on the Department of State's		, 3 · 1 · · · · · · · · · · · · · · · · ·		
ecord specifies a delayed effective date, but not an effe is filed.	ctive time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
nted	22(			
. ) <del>_</del>				
Signature of a member				